

# LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

Vol. IV.

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No. 20.

## THE BLACK BANQUO.

A dark shadow has fallen upon the College of Physicians and Surgeons of New York. After many years Sambo has presented himself at its box-office, and has been refused tickets by the keeper. It was an unfortunate affair. People will steadfastly gaze at the parallel of latitude which runs through the College of P. and S., and wonder that such injustice could be done there to the man and brother. If it was south of an anciently celebrated line, you know, "unrepentant rebellion" might explain the matter. And people are doing more than wonder at the act. They are coming down in one way or another upon the school which did it. Boston taunts and New York flatly condemns it in their weekly medical journals. Now, we are rather afraid that what we have to say in favor of the College of Physicians and Surgeons will not have much force, coming, as it does, from a standpoint of  $38^{\circ} 22'$ ; but we can't see such a respectable old party in trouble without giving it such a lift as we may. To take some of the edge from prejudice, let it be remarked that the city of Louisville does more, twice over, for the education of the negro than any community of like size in the country, and that, too, with no "Peabody" fund or no body's funds, other than those contributed by the tax-paying citizens. Yet the races do not mix. Law is a terribly powerful thing, but it can't do every thing. Some people think it can't make money out of paper, although we are perfectly willing to take such for any thing owed to us, if sent by an early mail. Others are of opinion that in certain communities where it forces people to buy

whisky by wholesale, instead of by the occasional cocktail, persons who love their "tod" are not alarmingly on the decrease. And law can not ride over instinct, or prejudice, if you call it so, and can not make or unmake social distinction. We hold that education is a social matter. If states choose to establish universities open to all comers, well and good. People can stay away if they do n't like them. If corporations, established by private funds, choose to do so, it is no body's business, any more than if they do n't choose to do so.

The College of Physicians and Surgeons is a private affair in one sense. The state gave it a charter, with no specification as to whom it should receive or reject. It is run to make money for its backers, like other similar institutions; and it was for these to decide whether or not the negro interfered with its business prospects. If they believed that the great mass of students who came to them were of a similar mind with the critics who are condemning it, no doubt they would have decided upon another policy; but they knew they were not; they knew that personally the negro was obnoxious to the class of students they received, and they evidently did not feel called upon to make themselves martyrs for an idea. Why the negro should be obnoxious to northern students or northern people, is another question. The fact remains that he is so (far more so, we may say parenthetically, than to those who know him better). The law has given him every political right—the opportunity to sell his vote at any polls in the republic, interfering, though he may be, with the market of many a white brother; and he must be an idiot who does not rejoice that this is so; but it

has n't planted additional love for him in the hearts of those who rank as his special champions. With a free course before him in the race of life, the exceptions are rare where he has won any of its prizes. There are men of color skilled in the law; we certainly know such in the ranks of medicine; but few are these, and poor indeed is the patronage they receive from those whose patronage enriches or ennobles, whether these clothe themselves in fur coats or in duck trowsers. The honors of the laundry, of the blacking-brush, of the razor, or of wearing a great bug in his hat and riding behind or in front of coaches are his special honors alike in Boston, in New York, in Philadelphia, as in New Orleans, albeit he may receive the ghostly title of "Mister" in one latitude and not in another.

"Will you get office under the government?" said the writer of this to the intelligent barber who was shaving him. "No," said he, "office under the government reminds me of a tale I once heard concerning Liberia;" and he related this fable: "A planter died and left his slaves free, with provision for them to be sent to Liberia. One of them—a woman—was married to a slave on a neighboring plantation, and the husband was sorrowing to think he would be separated from her, upon which his master said he too might go; but when the day came when he was to leave he was in the field as usual at work. 'Why do you not get ready?' said the master; 'ain't you going?' 'No,' said the man; 'I have been thinking the matter over, and I have come to the conclusion that this place they call Liberia must be a monstrous poor country if the white folks give it away to the niggers.'"

When the northern brethren scatter (really or figuratively) a few more farms from the fine lands of New York, Pennsylvania, or Ohio among the colored people, or give them a little better chance to win such homesteads for themselves, then will be time enough to criticise the action of the College of Physicians and Surgeons. If the Bellevue Medical College, or the University

of New York, or the Jefferson, or any other similar institution is anxious to get the patronage refused by the College of Physicians, we shall be glad to mention the fact. Meanwhile, however much inexorable facts may be deplored, they must nevertheless be received.

#### A FOREIGN IDEA OF A JOKE.

Dr. Bauer, of St. Louis, in the last number of the Record (Clinical), of the same place, records a case of membranous stricture of the rectum which he incised and afterward cleansed the rectal cavity with an injection of warm water. The patient died twenty-four hours afterward, and a post-mortem examination revealed the fact that a portion of the injection had passed into the peritoneal cavity via an ulcer "nine inches distant from the anus." It was very frank in Dr. Bauer to put this experience on record, but we hardly think he will get many to join him in very boisterous laughter at "this *almost comical*, at any rate singular accident," as he terms it.

#### A NATIVE IDEA OF A FOREIGN JOKE.

Dr. Frank Hamilton (Buffalo Medical and Surgical Journal, reprint in American Practitioner), in an address before the Medical Department of the University of Buffalo, gets off the specialty pleasantry which every one laughed at so heartily a year or two since, about the woman who had given her ears to one man, her heart to another, her uterus to another, etc.; which was all very well. But the doctor ought not to have disrobed the joke of its English dress, and put Clarke, Metcalfe, Ellsburg, and Noyes in place of the foreign gentlemen who formerly occupied the situations. Dr. Barnes, of London, first got the fun off, and remarked that the field was so full that the umbilicus was the only part unoccupied. Dr. Hamilton substitutes "warts." Oh! that our Indianapolis contemporary should have forgotten what Dr. Barnes so lately said!

## Correspondence.

## LONDON LETTER.

To the Editors of the Louisville Medical News:

In a recent letter to your contemporary, the American Practitioner, I gave an abstract of an inaugural address delivered by Prof. Lister at King's College on the subject of "Fermentation." In it the learned lecturer endeavored to prove that the deoxygenation of blood and the fermentation or souring of milk was due, not to the influence of atmospheric change, as has heretofore been thought, but solely to the access of minute vegetable growths or *bacteria*. The inference to be drawn from his syllogistic assertions was this, that the exposure of blood to the external atmosphere stimulated the growth of the *bacteria*, and thus the different septic processes so commonly witnessed in patients suffering from the effects of a wound was to be explained. The propagation of *bacteria* in soured milk might also be considered as the exciting cause of many so-called zymotic diseases which, if their ultimate cause were carefully looked for, might often be traced to the imbibition of this decomposed lacteal fluid.

A few days after the delivery of the above address Dr. B. Richardson, the well-known physiologist and sanitarian, in turn took an opportunity, at the meeting of the Sanitary Institute at Leamington, to enunciate his views as to the nature of communicable diseases and their mode of propagation. The views held by Dr. Richardson are so diametrically opposed to those of Prof. Lister and other advocates of the "germ theory" that I take the liberty of giving you a brief summary of the same.

Dr. Richardson in the beginning stated that he entirely disbelieved in the theory of germs as possible or probable agents in the communication of disease; and, moreover, he had considerable doubts as to their existence. He holds that the poisons by which communicable diseases are spread abroad are the results of disturbed glandular action,

and that they bear a general resemblance to snake-poison, which differs from them rather in being a natural product of the glands which form it than in any other way. According to this view, the poison of scarlet fever or of typhoid is not a germ, but simply a diseased secretion, indebted for any characters of vitality it may possess to the fact that it is a product, though a perverted one, of vital action. He described at length some of the peculiarities of the different specific poisons—different, he maintains, because elaborated by different organs—and traced many of the best-known laws of contagion to these peculiarities; as, for example, to the varying extent to which the poisons are affected by high or low temperatures. He regards the patient suffering from a communicable disease simply as a poison-producing animal, as one who is temporarily brought into a condition analogous to that of the poisonous snake, and who, as he returns to a state of health, casts off the poison by natural channels and ceases to produce more of it. It is, Dr. Richardson points out, a strong argument in favor of this view that the communicable diseases so frequently terminate in recovery. It is perfectly intelligible that the natural function of any gland may be perverted by disease, that it may produce a morbid secretion for a time, and that it may return to a natural condition; but if the body were infested with germs or other reproductive organisms, multiplying and occasioning illness by their presence, there is, he thinks, no intelligible reason why they should cease from multiplying as long as their host continues to live and to afford them the necessities of their existence. On the germ theory it is, he argued, difficult to understand how or why a patient ever should recover; but on his own view recovery is but one of the natural terminations of the derangement.

You can not afford me the space to attempt to weigh the opposed theories for which the evidence is as yet incomplete. Sanitary reformers, at any rate, may be expected to feel a bias in favor of a doctrine which, as

opposed to the germ theory or the idea of the material of contagion as something full of independent life, is full of encouragement to their efforts. If, as Dr. Richardson argued so forcibly, the air around us is charged with invisible germs of disease, which come whence we know not, which have unlimited power of development, and which never cease to multiply, what hope is there that the skill of man will ever overcome these hidden foes? If, on the other hand, the sick person is merely an animal rendered temporarily poisonous, we have only to isolate him from susceptible persons and to destroy the secretions which are the outlets of his poison, in order to render the spread of disease impossible. From this point of view the glandular theory, it must be confessed, encourages hope for the sanitary future of the human race.

Cough is one of the most important symptoms in diseases of the respiratory tract. In some of these it is so prominent a factor that from its character alone we are frequently enabled to determine the lesion producing it. Physiologists have for a long time past devoted their best endeavors to the elucidation of the true rationale of cough, but owing to limited means of observation their researches have only been partially successful. A few days since I received a pamphlet from Dr. Carl Stoerck, of Vienna, in which he gives the results of his investigations, and which I consider the more important as his statements can generally be verified with the aid of the laryngoscope. Contrary to the generally accepted opinion, those familiar with the use of the laryngoscope have long known that the irritation of the larynx is not generally productive of cough. That it occasionally is, however, we long have been satisfied of; and these sensitive courts, or, rather, "cough-spots," both intra- and extra-laryngeal, have now been pretty well determined. By careful experimentation Dr. Stoerck has arrived at the conclusion that the only sensitive or cough-producing part of the larynx is the inter-arytenoid fold. Immediately below the larynx we find that

the inferior surface of the vocal chords possesses the same property. On examining the trachea it was found that irritation of the anterior or lateral walls of the same gave rise to no reaction; but as soon as the posterior wall or the *pars fibrosa tracheæ* was touched the most distressing fits of coughing were produced, which did not give way before the irritation had ceased. The next spot was found to be situate at the bifurcation of the trachea; but the bronchi have been found to be entirely insensitive, as is the parenchyma of the lung as well. I was very much surprised to learn from the paper under consideration that irritation of the pharynx does not produce cough, and Dr. Stoerck's experiments are very plausible; but my experience has taught me otherwise, and I have found that the presence of a foreign body does produce cough—reflex, it is true—by the irritation of the pneumogastric nerve which is communicated to it by the connecting fibers of the glosso-pharyngeal. This cough—a spasmodic one—will endure as long as the foreign body be *in situ*. Should, however, the effort of expectoration be insufficient to dislodge the same, nature will have recourse to a more violent remedy; namely, emesis.

An operation recently performed by Dr. Felix Semon at the Metropolitan Throat Hospital afforded me an excellent opportunity of verifying the statements of Prof. Stoerck. The patient—a young man aged twenty-five—some months ago, in the attempt of committing suicide, cut his throat just below the cricoid cartilage. The wound healed by first intention, but it was found that as the wound healed the dyspnoea increased apace. The result was, a tracheotomy had to be done in order to save the patient's life. On examination with the laryngoscope the cause of the previous suffocative symptoms was found to be a complete occlusion of the *rima glottidis* by a dense membrane stretched from side to side, just above the vocal cords, and in the plane of the ventricles of Morgagni. Though the patient was quite comfortable, the tracheotomy tube af-



fording him ample air for breathing purposes, his voice was completely lost, and, yielding to his intense desire for a restoration of his vocal power, the operation of tracheo-thyrotomy was undertaken.

The trachea was split upward from the opening to the thyroid cartilage, and in order to prevent the flow of blood into the bronchi a Trendlenburg's tampon canula was introduced, the rubber ball slightly filled so as to occlude the tracheal lumen. The thyroid cartilage was now opened, and to our surprise it was found that there was not only a simple ercle, but the entire cavity of the larynx was filled with a cicatricial mass. To make sure that no blood would enter the lungs, the rubber bag was thoroughly distended, when immediately a violent spasmodic cough set in, which did not abate until the air was released from its confinement. This proved that the coughing was caused by the pressure exerted on the fibrous portion of the trachea by the over-distended rubber bulb. The operator now proceeded to detach the cicatricial tissue blocking up the windpipe, which was firmly adhered on all sides. It was observed by all the bystanders that as long as the incisions were confined to the anterior and lateral portions of the tube no reaction set in, but as soon as the posterior vector was touched a most violent and distressing cough was the consequence thereof. The trachea having been cleared, Dr. Semon proceeded to remove the laryngeal ercle, which was done without difficulty until the adhesions to the interarytenoid fold were to be separated. This could only be done very cautiously; for as soon as the knife touched the sensitive part cough again set in, nor did it cease as long as the irritation continued.

The results of the operation promise to be eminently satisfactory. I examined the patient this afternoon, and found that in spite of the inflammation, which is still active, the voice of the patient is already sufficiently audible to make him understood.

My purpose in reporting this case is

merely to adduce some evidence in support of the statements made by Prof. Stoerck.

RICHARD C. BRANDEIS.

LONDON, October, 1877.

### A BLACK ART.

*To the Editors of the Louisville Medical News:*

During the past two weeks there have appeared in the Woodford Sun, a secular paper published at Versailles, Ky., two communications from one Dr. Reuben A. Vance, of Gallipolis, Ohio, to which, for several reasons, I desire to call attention. The first of these communications, which I clip from the issue of the Woodford Sun for October 12, 1877, reads as follows:

"GALLIPOLIS, O., Oct. 6, 1877.

"*Editor Woodford Sun:* I desire to intrude upon your columns in order to confer with those of your readers who are medical men concerning a matter of professional interest. Several years ago I began to study the microscopical characters of the stones which form in the bladder, and as I have had occasion to use the lithotrite—an instrument which pulverizes the stone it takes hold of to such a degree that the particles pass from the bladder without pain to the patient—a vast number of times since then, and have crushed and removed many vesical calculi, my opportunities for solving the problem have been such as rarely fall to the lot of one engaged in scientific investigation. The fragments I have been able to collect from patients upon whom I have operated with the lithotrite have been very instructive, and without the light their microscopical characters have shed upon the subject I would not feel myself so near the conclusion of my labors. Yet there are some points about which I can not satisfy myself. These pertain to the structure of the nucleus around which the bulk of the calculus forms. In order to settle the questions at issue, I desire to examine a number of different kinds of gravel—the concretions which pass from the kidneys to the bladder, and are voided after attacks of frenal colic; and I am well aware of the fact that my only chance of procuring specimens of gravel is by appealing to the generosity of those members of the profession who have some of these pathological products in their possession. I would therefore earnestly request any one possessing such specimens, or any physician knowing where they can be had, to at once write me on the subject. A few more microscopical examinations will enable me to place my manuscript in the printer's hands, and I will give due credit to any one who will furnish me the means

of contributing toward the settlement of the points in dispute. To be of service, an immediate response is necessary, as the Ohio Valley Medical Association meets at Portsmouth, Ohio, November 7, 1877. Address, with as complete description as possible of specimen,

"REUBEN A. VANCE, M. D.,  
"Gallipolis, Ohio."

After the publication of the above article the editor of the Woodford Sun received the following card, taken from the issue of the paper for October 26, 1877:

"GALLIPOLIS, O., Oct. 16, 1877.

"*Dear Sir:* Please accept my warm thanks for the insertion of my communication. I have already heard from it.

"REUBEN A. VANCE."

In this same paper for October 26, 1877, is to be found the following communication addressed to the editor:

"*Sir:* I have been requested by the Representative of the Society of the Red Crescent in the United States—Prof. A. B. Mott, M. D., of New York city—to call attention to the deplorable condition of the sick and wounded in the armies of the Ottoman Empire, and to solicit contributions of lint and bandages from the generous-hearted people of the Ohio Valley. The Society of the Red Crescent is an Oriental branch of the Society of the Red Cross. Like the latter, it is based upon the stipulations agreed upon in the International Convention at Geneva, and its agents relieve sickness and suffering without regard to the nationality or creed of those requiring assistance. Packages of lint or bandages can be sent to Dr. A. B. Mott, 62 Madison Avenue, New York city, or they may be transmitted to the undersigned. Donors are requested to forward their names to my address, in order that they may be properly certified to the Representative of the Society, while those wishing to become members of the organization will please communicate at once with

"REUBEN A. VANCE, M. D.,  
"Gallipolis, Gallia Co., O."

There is not a single medical man in any state who has any knowledge of medical ethics that will not recognize this chap by the cut of his jib. But I do not incorporate these communications here in order to criticise their professional character, for it is obvious enough that each of them bears upon its very face the trick and intrigue of a charlatan. I do incorporate them, however, for the purpose of directing attention of the editors of local papers, through their phy-

sicians, to the method by which this Dr. Vance endeavors to advertise himself free of cost. He encloses the editor of the paper such a communication as the first of the above in the form of a letter (a clever and generous correspondent he is), purporting to be engaged in some intricate study, the results of which are to awaken a new era in medical science; and he endeavors to so write this letter that its rottenness is not apparent to the editor or general public. If he is successful in defrauding the editor of one insertion, this fellow will very soon laden his shelf with correspondence. As a precaution against this base imposition we would advise the editors to read such letters with care, and unless accompanied by the cash, at the usual rates for advertising, let them go to the waste-basket with other trash.

The most noticeable feature of this last communication is the name of Dr. Alexander B. Mott associated with that of Dr. Reuben A. Vance in this filthy scheme of imposition and quackery. Is it possible that the Professor of Clinical Surgery in the Bellevue Hospital Medical College has condescended to aid and abet this man in an undertaking from which all honesty and ethics shrink in disdain and scorn? Can it be that Dr. Alexander B. Mott has ignored the remembrance of the noble virtues and precepts of his deceased father, that pioneer of American surgery who worshiped so humbly and so long at the shrine of Esculapius, and finally died at his feet, leaving a name conspicuous in the galaxy of American merit, not only for honored deeds, but for his high professional character and conversation? Can it be that he has precipitated himself from a respectable social and professional position to notice him who stands powerless in the miry clay, and endeavors to live by other than honest toil? Let us hope that Dr. Mott knows nothing of this representative specimen of abortive creation.

The Ohio Valley Medical Association, of which Dr. Reuben A. Vance claims to be an ex-president, ought to be proud of his manly and ethical conduct, and will surely appre-

ciate his efforts in securing renal calculi for microscopical examination, by which he will promote the interests, not only of the association, but of the profession at large.

We know nothing of Dr. Vance except through his letters to the Woodford Sun, and we have no objection to his advertising; but when he does it let him come forward and pay for it, and not continue to dupe the secular press by endeavoring to give his communications the appearance of articles of professional interest and having a professional bearing. Let editors be on the alert for such correspondence; and even though they accept as their creed, "You scratch my back and I'll scratch yours," a single glance at the matter will convince them that in this instance the scratching has all been done by the editor. If Dr. Vance wishes to enter fairly into this "scratch" game, make him toe the mark and scratch first. GENSEL.

VERSAILLES, KY., Oct. 27, 1877.

### Miscellany.

THE BOSWELL BUSINESS.—The following correspondence it is hoped will explain itself:

SULPHUR SPRINGS, HOPKINS CO., TEXAS, }  
October 31, 1877.

DR. ———:

*Dear Sir and Friend*—Enclosed please find circular filled out all ready to have my life published. Having some doubts on the subject, I *jest* thought I would send it to you that you might inspect and revise it for an old friend. Now, doctor, ain't we poor M. D.'s in luck to have our lives published all for the love they have for the doctors? If you think my life won't do (I leave it all to you), burn, burn, burn; but I fear it will be many a long year before I can get such another chance. When shall I see you again in Texas? If you write to that publisher, give him a hint that we of Texas are right green, but not quite enough to take his hook.

Your friend, H. H. B.

[Circular.]

"THE PHYSICIANS AND SURGEONS OF THE UNITED STATES."

Dr. ———: Please fill up the following blank with data for Biographical Sketch in the above work,

detailing fully every circumstance of interest, and then return the same to the publisher.

Philadelphia, Pa.

*Full name*—H. H. H.

*Birth (place, day, and year)*—Bitter Creek, Snake County, Arkansas; one night; 1824.

*Parentage and ancestry (optional)*—Darwin says he was a monkey; don't know.

*Where educated, what school, college, and medical institution*—Log school-house; Gum Creek Academy.

*Date of graduation*—The year the Injuns crossed the Ouichata.

*Place of first settlement and changes of location*—In the woods; changed according to the weather.

*Leading incidents in career, notable cases, specialty (if any)*—A fondness for keards and spring chickens; twins; "Old Sledge" and the poll evil.

*Societies of which you are a member, offices held therein, with dates of election*—The Mutual Admiration, Elks, Society of the Abor-i-gines, and the Boston Gynecological; I am the only surviving member of the latter. All; as fast as I could be.

*Contributions to medical literature*—I never writ but one; that was published in the journal best adapted to the wants of the not busy practitioners—a Philadelphia journal; it was on the want of connection between the funny-bone and the humerus.

*Public offices held*—Agent for the sale of my own property.

*Political and military record*—Would have been in the legislature, but did not get enough votes; belonged to the army of non-combatants, and am still waging.

*Association with corporations or enterprises of note*—President of a gas company in which every stockholder—fifty thousand—is solicited to gas about himself at \$10 a head. This is the most noted enterprise I have been associated with.

*Marriages, etc., etc.*—While living in the mountains of Arkansas, a few times, and so forth.

In the same connection we present the following letter from the American Practitioner for November:

DR. THEOPHILUS PARVIN:

*Sir*—I am what is known as a X-Roads doctor; but, obscure as I am, I have rights; and I do not intend to stand tamely by and see them trampled under foot by any of the aristocrats among you who chance to dwell in cities and write professor in front of your names. I am, it is true, what the editors of the political papers call a rural rooster; but I nevertheless am a respectable physician, and as such I beg to ask, in a respectful, but perfectly firm manner, why I was assailed in so personal a way in the October number of your journal? Are there, pray, to be no

more ale and cakes, because you want none? Are no refreshments to be handed to the country members because you chance to object to the mode in which it is done? I wish you to understand that, in the language of Mrs. General Gilflory, I am not to be bull-dozed, not to be bull-dozed, sir. This attempt of yours to muzzle the press is an outrage on civil and religious and all other liberty, which, as one of a free and enlightened people, I will not tolerate.

"*Every doctor his own Boswell*," you say, and then you go cutting and slashing through two pages of your journal at such of us as have accepted the generous offer of the Philadelphia publishers. May I ask why every doctor should *not* be his own Boswell? Where, pray, is the harm in it? Can't every doctor be it for himself better than any one else can for him? Who, for instance, knows me or likes me so well as myself? Answer that, please. Who, then, is so sure to say pleasant and kindly things of me? If I don't know myself, if I have n't known myself from an early age, if I have n't had a first-class opportunity to appreciate myself, who has, I should like to be informed?

No, Dr. Parvin, you've made a mistake, a big mistake, as you will find out before many months. All of Philadelphia—every man, woman, and child—is occupied in this work, in this truly national work. Philadelphia is nothing unless national, you know. Did n't she have the Centennial Exhibition, the International Medical Congress? Has n't she the only real simon-pure national medical schools? Have n't her physicians the only dyed-in-the-wool national reputations? Of course they have, and you know it, I know it, we all know it, because Philadelphia says so. Now a Philadelphia philanthropist, running over with love for our profession, and yearning to do us a service, offers to give each and all of us a chance to live in history. Nay, more; he is even so generous as to allow us to make that history for ourselves. The value of such history "can not," as this truly good man says, "be overestimated," "especially," as he continues, "in its effect upon the rising and future generations of medical men." And only ten dollars for all this! *There* is an amount of pork for a shilling such as was never seen before in this grasping, greedy age. Why, what single one of us, after writing a history of himself from his youth up, would n't take *one* copy—"royal octavo, illustrated with engravings on steel"—on his own account, and *then* a copy or so to distribute among admiring friends? For my part, I have put my name down for five copies; one for my own use, one for each of my children, and one for my mother-in-law.

Just think of it, Doctor Editor. There are fifty thousand regular physicians in this country, and every one of these will hasten to secure at least one copy. This gives the Philadelphia lawyer—no, philanthropist—fifty thousand copies to start on. And this

brings into his pocket five hundred thousand dollars, currency. Allow five copies—and this is a small estimate—to each doctor, and you have—I mean the Philadelphian has—two millions and a half of money. This beats Colonel Sellers's Egyptian Eye-water all hollow! No one but an American could have conceived such a scheme; none but a Philadelphian would have attempted to execute it!

And yet you, a resident of a village, and an Injeanny village at that, have endeavored to throw cold water on this mighty enterprise. Did you ever read the story of Mrs. Partington and her broom? If nay, you had better turn to it. You'll find it among the earlier writings of that ancient female. When you've read it, ponder on its lesson.

Do you suppose, because Dr. Yandell will write your biography if he outlives you, or you will write his if you survive him, that no one else is to be biographed? We may n't all be placed as high up in the pictures as he will put you or you him, as the case may be; but if we ain't, whose fault will it be? Not ours, I can assure you.

The army of fifty thousand, the army of martyrs, is marching on, marching on, Dr. Editor. Don't you hear their advancing tread? If you don't, you are deaf. Don't you see the air made luminous with their banners, illustrated on steel? If you don't, you are blind! Stand aside! *Places aux Dames!*

#### A X-ROADS DOCTOR,

*Whose biography, written by himself in a royal octavo, illustrated with engravings on steel, will appear at an early date.*

MALARIA.—According to the U. S. census of 1870, malarial fevers are most fatal, first, in Florida, Louisiana, and Texas; second, in Arkansas, Mississippi, Alabama, Georgia, Missouri, Kansas, and Nevada; third, in New Mexico, the Carolinas, Virginia, Tennessee, Kentucky, Illinois, and Indiana; fourth, in New England, the Middle States, Wisconsin, and Minnesota. Contrary to the common notion, there is considerable mortality from this cause in California. Localities subject to the intermixture of salt and fresh water are peculiarly prone to malaria. The use of impure drinking water seems to have some effect in promoting malarial disease. It is supposed by some that the presence of ozone and malaria are usually in inverse proportion, though this is denied. Malaria gains access to the system mainly through the respiratory organs; is found most active



about sundown and at night; will not pass over a large body of water nor climb great heights; is dissipated by sunlight, and in part rendered innocuous by certain vegetable growths. According to some writers, suppurating wounds heal with difficulty in malarial subjects, and it is a formidable obstacle in the way of treating diseased or dead tooth-pulps, and renders material modification of the treatment of pneumonia and other diseases necessary.

An army medical board will be convened in New York city early in November for the examination of applicants for appointment as assistant surgeon of the United States army. The following will be the general plan of the examination:

1. A short essay, either autobiographical or upon some professional subject, to be indicated by the board.

2. Physical examination. This will be rigid, and each candidate will in addition be required to certify "*that he labors under no mental or physical infirmity nor disability of any kind which can in any way interfere with the most efficient discharge of his duties in any climate.*"

3. Oral examination on subjects of preliminary education, general literature, and general science. The candidate must satisfy the board in this examination that he possesses a thorough knowledge of the branches taught in the primary schools, and a failure to show this will end his examination.

Oral examination upon scientific subjects will include chemistry and natural philosophy; and that upon literary subjects will include English literature, history of the United States, and general history, ancient and modern. Candidates possessing a knowledge of the higher mathematics, the ancient and modern languages, will be examined therein, and due credit given for a proficiency in any or all of these subjects.

4. Written examination upon anatomy, physiology, surgery, practice of medicine, and general pathology, obstetrics, and diseases of women and children. Oral exami-

nation upon these subjects, and also upon medical jurisprudence, therapeutics, materia medica, pharmacy, toxicology, and hygiene. Few candidates pay the attention to hygiene which it deserves; it is made an important subject in this examination.

5. Clinical examination, medical and surgical, in a hospital.

6. Performance of surgical operations on the cadaver.—*Boston Medical Journal.*

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**PATHOLOGY OF MEAT.**—Last week we referred to the report drawn up by Professors Macalister, Macnamara, and Reynolds in reference to use as food of cattle affected with pleuro-pneumonia, and we learn that the Dublin Sanitary Association have reported on the subject, and have come to the following conclusions: Epidemic pleuro-pneumonia is a specific contagious fever, affecting the entire system, including its flesh and milk; that the flesh is especially prone to become putrid, and is therefore dangerous; that there is no evidence of a scientific character to prove that flesh of cattle affected with the disease has not produced injurious results; that the proposal to sell it at a reduced price, and to render it less liable to putrefy by careful bleeding, is, if carried out, calculated to seriously endanger the health of those consuming it. These deductions are, we believe, dictated by a common-sense view of the question, and have met with the almost unanimous assent of the profession in Dublin.—*British Medical Journal.*

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**VACCINATED AND UNVACCINATED.**—Sanitary Record, December 9, 1876, says that the last weekly return "stated that in the present year among 31,360 unvaccinated children, aged from one to five, 35 were certified to have died of small-pox; while one only out of about 317,081 vaccinated children of the same age died of this disease. In this one case the small-pox appeared eight days after the vaccination, so that, according to Mr. Marston, the infection was received six days before the latter."

## Selections.

### THE TREATMENT OF SPERMATORRHEA AND IMPOTENCE.

One of the first and most important matters to be attended to, is to relieve the constipation. But do not attempt to do this by means of cathartics, for they will give rise to a still greater relaxation than already exists. It is necessary, however, that the bowels should move daily, and the most satisfactory method of doing this is to have an enema of cold water administered every morning. This will produce a normal evacuation from the bowels, and at the same time will stimulate the blood-vessels and the surrounding parts to a more vigorous contraction, and accelerate their return to the normal condition. At first these injections may give rise to unpleasant sensations and perhaps to slight pain, but their continuance will do no harm whatever; on the contrary, they will be followed by marked benefit in most cases.

**Derangement of Digestion.**—You will next turn your attention to the stomach. The patient's appetite usually is poor and very capricious, and food of almost every kind seems to give rise to dyspeptic symptoms. A question arises just here. Some textbooks direct you to refrain from ordering articles of food which increase the formation of seminal fluid and excite erections. This is a mistake. Do not pay the slightest attention to such advice, but recommend such a diet as will elevate the vitality of your patient and bring him up to the normal standard. Give him oysters, eggs, milk, beef, mutton, and every variety of food which improves nutrition, and do it independently of any apparent increase in the number of emissions.

#### Shall Alcoholic Stimulants be withheld?—

The question will arise, shall we permit such patients to partake of alcoholic stimulants? By nearly all practitioners these are discarded entirely, but there is an exception to this sweeping rule. The stomach in its debilitated condition may require some stimulant to arouse it into action, and so assist in the digestion of the oysters and other articles of food recommended. It is therefore well, in most cases belonging to this class, to prescribe some mild stimulant such as claret, for it will promote good digestion without at all exciting inordinate desires or increasing the seminal emissions.

**Bathing.**—Another important adjuvant to the treatment already advised is the use of water in various ways. Direct your patient to take a cold sponge-bath every morning, unless it gives him such a chill that brisk friction does not bring about a free and full reaction. Never order a cold shower-bath. The patient will derive great benefit from sitz-baths taken at night, three or four times a week. He

should not remain in the first one more than five minutes; the second bath may be prolonged to ten minutes, and soon the patient will be able to extend the time to fifteen or twenty minutes. Cold water at the same time may be thrown into the rectum.

**Exercise.**—This class of patients should take an abundance of vigorous muscular exercise, even to fatigue. Boxing is one of the best forms of exercise that can be employed, for it brings into action almost every muscle in the body. Walking, running, skating—in short, almost any out-of-door exercise—will be found beneficial. Horseback exercise can not be adopted with advantage.

So much for the general course to be pursued in the management of this class of cases.

**Local Treatment.**—We come next to the important matter of local treatment. Many authors recommend that a sound be passed down to the prostatic portions of the urethra, when by its pressure it will empty the blood-vessels and reduce the sensitiveness of that portion of the canal. There is no objection to this plan of treatment, but it will not answer to depend upon it alone. The passing of a sound through the urethra three or four times a week, and continuing such treatment for months, will prove about as effective as it would to rub it over the patient's back. The occasional introduction of the sound, however, is not objectionable.

A double catheter has been recommended, through which a stream of cold water can be carried down to the prostatic portion of the urethra. This can be resorted to about twice a day, but more especially it should be used at night. I do not recommend the use of caustics; but if it should be your judgment that a certain case will be benefited by cauterizing the prostatic portion of the urethra, there is no more convenient instrument which can be employed for this purpose than *Lallemand's porte caustique*, which you see here.

The principal local treatment which I rely upon is the application of electricity. For this purpose an electro-magnetic battery may be used, to which is attached an urethral electrode, such as you see here. This instrument is insulated to nearly the entire extent, except that part which is to rest against the prostatic portion of the urethra. The other electrode has attached to it a sponge, which is applied over the fourth lumbar vertebra, the region in which the genito-spinal center is said to be situated, and also down over the sacrum. Now, having introduced the negative electrode and brought its point in contact with the prostatic portion of the canal, allow only a very feeble current to pass through at first. Do not give the patient any pain in the use of this agent. Increase the strength of the current gradually, and use as powerful a current as can be done without causing pain. The first sitting should last about five minutes. If the

sitting be too long, a numbness of the parts will be produced, which will for some time delay proper reaction. The following day, instead of using the urethral electrode, you may use the wire-brush, passing it over the inside of the thighs about the perineum, and at the same time applying the sponge over the sacrum and over the lumbar region. The sponge can be carried as low down as the verge of the anus. The third day the urethral electrode may be again employed. At the second sitting the current can be kept up for eight minutes. No sitting, however, should be extended over ten or fifteen minutes.

By a single application of electricity in this manner I have reduced the number of nocturnal emissions from four or five a week to one. When they have been reduced to this number there is no further cause for anxiety, for in healthy men these emissions may occur as frequently as once a week or once in two weeks without producing harm. After the second week you may substitute the rectal for the urethral electrode. The rectal electrode comes in contact with that portion of the bowel lying over the prostate gland, and the current of electricity will diminish the congestion and give tone to the muscular fibers of the gland.

Some authorities recommend the use of the *continuous* current in all cases of impotence; but I have found the interrupted current to answer all purposes, and I never use any other. When you desire to increase or stimulate the erectile power of your patient, it will be well for you to change the direction of the currents several times during one seance.

**Medicinal Treatment.**—There are certain combinations of medicines which can be resorted to with benefit in these cases, and one of the best prescriptions for a tonic mixture is the following:

R Strychnæ sulph. .... gr. j;  
Quinæ sulph. .... ʒ ss;  
Tinct. ferri muriat. .... ʒ ss;  
Glycerinæ. .... ʒ iv.

M. et S. One half teaspoonful in a wineglass of water four times a day, half an hour before meals and at bedtime.

This is a most excellent tonic in all cases of general debility, and it will also promote erections, although it is not given for that purpose.

There are some patients who prefer to take their medicine in the form of pills. The following combination is tonic, and has more tendency to excite erections than the former:

R Arsenite of iron ..... } aa grs. v.  
Ext. nux vomica ..... }  
Ergotine ..... } aa ʒ ss.  
Sulphate of quinia ..... }

M. et Div. in pil. No. xxx. S. One pill four times a day.

In cases in which constipation is a prominent symptom the ergotine may be dropped, and aloes, grs. x, can be substituted. But it is not necessary that you should confine yourselves to the use of these combinations of remedies. You may resort to the use of any tonic prescription with which you are familiar, and which, perhaps, may be a favorite.

**Medicinal Treatment of Impotence.**—We will next suppose that our patient has been under treatment for some time, that his general health and strength have greatly improved, but that his erections are still imperfect. Now you can give him some of those drugs which are said to possess the power of producing venereal excitement—*aphrodisiacs*. A very common pill employed for this purpose, and one which is productive of good results, provided its effects are closely watched, contains:

R Ext. nux vomica ..... gr. ʒ;  
Phosphorus ..... gr. ʒ ss.

M. To be taken after meals.

Phosphorus is a powerful stimulant to the genital organs. It will be sufficient to administer the above pill twice a day. If it should disorder the stomach, stop its use at once. If you do not wish to use the phosphorus, you may resort to the fluid extract of damiana, giving it in half-drachm doses three times a day.

There is another remedy which will often operate favorably for this purpose, and that is the common drug known as water-pepper. The tincture may be employed and administered in half-drachm to drachm doses. It can be resorted to with advantage when a stimulating aphrodisiac is required.

Another common aphrodisiac is cantharides. Phosphorus increases the desire for sexual intercourse and at the same time excites erections; cantharides simply excites erections.

The following prescription may be employed:

R Tr. cantharidis ..... }  
Tr. ergotæ ..... } aa ʒ j.  
Tr. nux vomica ..... }

M. S. Ten to twenty drops four times a day.

The following combination has been recommended by Dr. Bartholow as one of the best:

R Tr. sanguinaria ..... ʒ ss;  
Fl. ext. stillingia ..... ʒ j.

M. S. Twenty to thirty drops four times a day.

Another prescription, which is very efficacious, is the following:

R Capsicum ..... grs. x;  
Quin. sulph. ..... grs. v;  
Sherry wine ..... ʒ jss.

M. To be taken at bedtime.

The preparations containing ergot, nux vomica, or cantharides, if the phosphorus is not employed, are

those which I prefer. You will not always find it necessary to use these aphrodisiacs, because the applications of electricity generally produce in a short time sufficient erectile power for all practical purposes.

When the patient has been raised to the proper point he should get married.

Now a few words with reference to a second class of cases which will fall under your observation.

A man in general good health, who has probably indulged slightly in masturbation, who is able to have sexual intercourse, but when he is not having such intercourse regularly has nocturnal emissions three or four times a week. Erections trouble him almost constantly, and when he has emissions they occur during sleep and are accompanied with pleasurable sensations and dreams. Such a man comes for treatment under the impression that his genital apparatus is about to be ruined, and that his frequent emissions will destroy his general health.

In the management of his case tonics and aphrodisiacs will not be required; their administration will do harm. Such patients are relieved by the use of bromide of potassium or sodium. If the bromides are resorted to in the first class of cases you will do harm; so here if you employ the method of treatment recommended for the first group of patients you will be equally unsuccessful in effecting a cure. Bromide of potassium administered to a patient simply because he has seminal emissions may do a great deal of harm.

In the second class there is an over-excitement of the genital organs, which is usually controlled by administering twenty grains of the bromide of potassium at night and four times a week. During the second week the dose may be increased to thirty grains, and that is about as far as it should be carried. Its use, however, should be preceded by a brisk cathartic. Independently of the bromide, camphor may be used in ten-grain doses at bedtime, or it may be combined with the bromide. Cold bathing will be found serviceable in this class of cases. This treatment, however, must necessarily produce only temporary benefit, for there will be a relapse soon after the remedies are discontinued. The radical cure, therefore, consists in the man's getting married. Marriage alone is sufficient to bring about a cure. There is nothing which will relieve the abnormal congestion of the genitals so much as moderate sexual intercourse.—*Joseph W. Howe, M. D., in Medical Record.*

**The Diagnosis of Typhoid Fever.**—First, as regards the temperature; this begins at  $99\frac{1}{2}^{\circ}$  in the first week. As the disease progresses it mounts up and drops down, falling each morning, but not quite so far as on the preceding morning, and rising each evening higher than on the preceding evening. The temperature on the seventh day generally stands at

$101^{\circ}$  in the morning and  $102\frac{1}{2}^{\circ}$  in the evening. In typhus fever the rise of temperature is not gradual, but very rapid, running right up to  $102^{\circ}$ ,  $103^{\circ}$ ,  $104^{\circ}$ , even higher. In the second and third weeks of typhoid fever the temperature is fairly uniform, though high, with a daily variation of from  $1\frac{1}{2}^{\circ}$  to  $2^{\circ}$ . At the end of the third week the temperature begins to fall each morning and evening, showing a correspondingly lower temperature. These data are of great value in determining whether the fever is running its proper course. In malarial fever there is a complete remission or intermission, according to the type of the fever. This is never found in typhoid.

The other most pathognomic symptoms of typhoid are those connected with the abdomen. The belly is very much swollen and tympanitic. There is either constant diarrhea or an irritable state of the bowels, with cutting abdominal pains. As regards nervous symptoms, in the second week there is usually dullness, listlessness, and hebetude. The patient wants to be let alone. At night there is perhaps muttering delirium or even violent excitement. The eyes are almost entirely closed. There are twitchings of the muscles. The tongue is tender and moved with pain. There is loathing of food, but rarely vomiting. In the second and third weeks the pulse rises from 96 to 120. The frequency of the pulse is not as great as in typhus and scarlet fever. The breathing is shallow and frequent, with some sonorous rales over the chest. The eruption appears on the seventh and eighth days, and consists of spots of rose-red color of the size of your finger-nail, seen usually on the belly, between the nipple and umbilicus. These spots are scarcely, if at all, elevated above the skin. These may be absent. There is no proportion between the violence of the disease and the amount of eruption. One of the characteristic symptoms of this fever is profuse epistaxis. There is very rarely excessive thirst, for the mind is generally too much dulled in its sensations.—*Dr. Pepper, in the Med. and Surg. Reporter.*

**Chloral Hydrate.**—Dr. Liebreich has written to the *Lancet* respecting the necessity of using only the crystal drug, and he attributes unpleasant symptoms, and even death, to the use of impure chloral. He says that in America the worst impurities are met with, and speaks of the death reported by the *Medical Examiner* as perhaps due to this. In fact, he only believes in that manufactured at Berlin, to which he gives his signature.

**Eucalyptus as a Local Anæsthetic.**—Dr. Horton (Ohio State Dental Society) speaks of the extract of eucalyptus as producing good results as a pain obtunder in sensitive dentine. A drop on a pledget of cotton is used. He thinks it the best of the local applications.